



RECEIVED  
FEC MAIL CENTER  
2008 SEP 13 PM 12:04  
**CENTER FOR VOTER ADVOCACY - EPAC**  
P.O. Box 267631 Weston, FL 33326

September 10, 2008

David Butler  
Campaign Finance Analyst  
Reports Analysis Division  
Federal Election Commission  
990 E Street, N.W.  
Washington, D.C. 20463

RE: Request for Additional Information  
ID No.: C00453704

Dear Mr. Butler,

We are in receipt of your correspondence dated August 27, 2008 seeking additional information as to two items – one pertaining to Line 6 of our Statement of Organization (form 1) and the second the use of an outdated Form 1.

Enclosed please find an Amended Statement of Organization using the revised Form 1 as found on the FEC website, and correcting Line 6 to read “none.”

Please also note the correct spelling of our treasurer’s last name.

Should you have any further questions or concerns, please do not hesitate to contact us via mail, telephone or e-mail as provided in Form 1.

Sincerely,

Asad Ba-Yunus, Esq.  
Chairperson/Treasurer

28039832389

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2008 SEP 15 PM 12:04

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

CENTER FOR VOTER ADVOCACY-FPAC

ADDRESS (number and street)

P.O. Box 267631



(Check if address  
is changed)

WESTON

FL

33326-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

AYUBI@GMAIL.COM

BAYUNUSE@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

305-444-4302

2. DATE

09

10

2008

3. FEC IDENTIFICATION NUMBER

C00453709

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ASAD BA-YUNUS

Signature of Treasurer



Date

09

10

2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 12/2007)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 5. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

## 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Leadership PAC Sponsor

☐

Joint Fundraising Representative

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ASAD BA-YUNUS

Mailing Address

P.O. Box 267631

WESTON

FL

33326-

CITY

STATE

ZIP CODE

Title or Position

CHAIRPERSON

Telephone number

786-586-2510

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

ASAD BA-YUNUS

Mailing Address

P.O. Box 267631

WESTON

FL

33326-

CITY

STATE

ZIP CODE

Title or Position

CHAIRPERSON

Telephone number

786-586-2510

Full Name of  
Designated  
Agent

ASAD BA-YUNUS

Mailing Address

P.O. Box 267631

WESTON

CITY

FL

STATE

33326

ZIP CODE

Title or Position

CHAIRPERSON

Telephone number

786-586-2510

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUNTRUST BANK

Mailing Address

201 ALHAMBRA CIRCLE

CORAL GABLES

CITY

FL

STATE

33134

ZIP CODE

5100

Name of Bank, Depository, etc.


Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 9/10/08
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	9/15/08 DATE PREPARED

(3/2005)

28039832394